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Resources Department
Town Hall, Upper Street, London, N1 2UD

AGENDA FOR THE HEALTH, WELLBEING AND ADULT SOCIAL CARE SCRUTINY COMMITTEE

Members of the Health, Wellbeing and Adult Social Care Scrutiny Committee are summoned to the meeting which will be held in the Council Chamber, Town Hall, Upper Street, N1 2UD on **8 July 2024 at 7.30 pm.**

Enquiries to : Bhavya Nair
E-mail : democracy@islington.gov.uk
Despatched : 28 June 2024

Membership

Councillors:

Councillor Jilani Chowdhury (Chair)
Councillor Joseph Croft (Vice-Chair)
Councillor Janet Burgess MBE
Councillor Tricia Clarke
Councillor Mick Gilgunn
Councillor Benali Hamdache
Councillor Praful Nargund
Councillor Ollie Steadman

Substitutes:

Councillor Caroline Russell
Councillor Claire Zammit

Quorum is 4 Councillors

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C. Exclusion of Press and Public

To consider whether, in view of the nature of the business in the remaining items on the agenda any of them are likely to involve the disclosure of exempt or confidential information within the terms of the access to information procedure rules in the constitution and if so, whether to exclude the press and public during discussion thereof.

D. Exempt Items

The public may be excluded from meetings whenever it is likely, in view of the nature of the business to be transacted or the nature of the

proceedings, that exempt information would be disclosed.

The next meeting of the Health, Wellbeing and Adult Social Care Scrutiny Committee will be on 16 September 2024

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London Borough of Islington

Health and Care Scrutiny Committee - Monday, 15 April 2024

Minutes of the meeting of the Health and Care Scrutiny Committee held at The Council Chamber, Town Hall, Upper Street, N1 2UD on Monday, 15 April 2024 at 7.30 pm.

Present: **Councillors:** Chowdhury (Chair), Croft (Vice-Chair), Clarke, Craig, Bugess, Zammit, Gilgunn and Hamdache

Councillor Jilani Chowdhury in the Chair

50 INTRODUCTIONS (ITEM NO. 1)

The Chair welcomed everyone to the meeting and members and officers introduced themselves.

51 APOLOGIES FOR ABSENCE (ITEM NO. 2)

Apologies were received from Councillor Russell.

52 DECLARATION OF SUBSTITUTE MEMBERS (ITEM NO. 3)

Councillor Hamdache substituted for Cllr Russell.

53 DECLARATIONS OF INTEREST (ITEM NO. 4)

There were no declarations of interest.

54 MINUTES OF THE PREVIOUS MEETING (ITEM NO. 5)

RESOLVED:

That the minutes of the meeting held on 4th of March be confirmed as an accurate record of proceedings and the Chair be authorised to sign them.

55 CHAIR'S REPORT (ITEM NO. 6)

RESOLVED:

The Committee to note the report.

56 PUBLIC QUESTIONS (ITEM NO. 7)

The Chair advised that any questions from the public should relate to items on the meeting agenda and that members of the public would be given the opportunity to ask their questions once councillors had spoken.

57 MOORFIELDS EYE HOSPITAL PERFORMANCE REPORT (ITEM NO. 8)

The Committee received a presentation from Sheila Adam, Chief Nurse and Jon Spencer, Chief Operating Officer from Moorfields Eye Hospital. The presentation outlined the performance update on Moorfields Eye Hospital as set out in the agenda pack at pages 19 to 46.

The following was noted during the discussion of this agenda item:

- A new and more accessible website for Moorefield's Eye Hospital had been launched.
- In terms of Patient-led Assessment of the Care Environment (PLACE) 2023, the table highlighted the hospital had scored highly in two categories, which included Condition & Appearance and Dementia. The scores were also higher than the national average.
- In response to a follow up question, the Committee was advised that the patient-led assessments were conducted on an annual basis and three sites would be selected out of all the sites for the inspection. The three sites that were inspected in 2023, included City Road, Stratford, and St Georges. The assessment consisted of going through a lengthy checklist to monitor standards.
- The Committee noted that the rate of DNAs (did not attend) was due more to age than ethnicity or deprivation. It was noted that the older the age group, the greater the number of patient cancellations. Data suggested that the DNA rate and patient cancellation was around 28% in patients aged 85 years and above.
- In response to a follow up question regarding the higher percentage of patient cancellation in the older age group, the Committee was advised that some of the factors contributing to these cancellations included transport issues, support issues, late arrivals and patient not being well enough to attend their appointments.
- In response to a question regarding facilities and level of service at different Moorfields Eye Hospital sites, it was explained that the capacity was slightly greater at the Oriel site compared to City Road. It was also noted that clinicians had collaborated with patients to help design the emergency flow to improve patient experience.
- It was noted that around 80% of people over age 60 already lived with sight loss in the UK, ranging from sight impairment to macular degeneration.
- The Committee was advised that Moorefield's Eye Hospital provided eye care for around 50% of London and worked in partnership with NHS providers. It was advised that for each Integrated Care Board, there was a significant other provider of healthcare from the NHS, for example Western Eye Hospital for the West of London and Barts Health for the East of London.
- In terms of Single Point of Access (SPoA), this had been implemented in North Central London since July 2023. It included all referrals directly from optometry. SPoA promoted patient choice and potentially enabled significant reductions in non-contracted activity and over-treatment. The Committee noted the evidenced benefits as outlined on table on page 40 of the agenda pack.
- The Committee queried about walk-in facilities at the hubs located in Starford and Brent Cross. Officers advised that currently there were no walk-in services at these hubs, however, this was being considered as part of the expansion of the emergency model. The service had been considering having a small number of bookable slots for emergency patients through the "Attend anywhere" service.

The Committee thanked Sheila Adam and Jon Spencer for their attendance.

RESOLVED:

The Committee to note the report.

58 SCRUTINY REVIEW EVIDENCE - REVIEW OF THE ASC FRONT DOOR (ITEM NO. 9)

Victoria Nestor, Depuy Director and John Everson, Director of Adult Social Care, presented a report on scrutiny review evidence on the review of the Adult Social Care front door.

The following was noted during the discussion of this agenda item:

- The purpose of the scrutiny review was to consider how residents were able to access Adult Social Care (ASC) to ensure that residents were getting a good experience, both in terms of access by telephone, e-mail, and letter.
- There were some challenges and factors that indicated that processes were not working as well as they should. One of the challenges included the migration to online referral forms. The referrals forms had to be streamlined, clear and easy for professionals to use to obtain the right amount of information, and enough data to help make quick decisions. Another issue was around the use of telephony and the types of systems available. It was challenging to keep a track of the number of calls that came through, waiting times and call drop-off rates. It was important to have a good system in place to manage the front door of the service, particularly when it was phone-based. It was also essential to solve people's problems at the first point of contact and to make sure that there was an integrated front door connected with the borough's partnership.
- Furthermore, to help tackle some of the other challenges around assess through the front door, the Council had provided training and development to staff within the ASC service in August 2023.
- In terms of front door performance, data indicated that the e-mail backlog had reduced by 97%. Alongside the reduction, the system was able to review and triage e-mails more efficiently dependent on the risk and emails were being responded to within 14 days. Emails that were classed as higher risk were being responded to on the day.
- Furthermore, data had also helped the service to make improvements and understand the demographics of the service users.
- There was also evidence of increased quality of referrals. Unnecessary inbox traffic was removed and redirected from the service by an average of 28.5% per month. Any referrals that were wrongly sent to ASC would be moved out of the inbox and redirected accordingly.
- The Committee was advised that in February 2024 there were around 289 phone calls made to the service, equating to an average of 14 calls per day. The average wait time was 1 minute 54 seconds and 75% of calls were answered in less than a minute. This data was used to manage colleagues being available on the phone at peak times.
- In terms of streamlining triage processes, this was aimed to prioritise incoming requests based on urgency and to assign dedicated triage officers to ensure swift assessment and decision making.
- The service had been looking to establish a dedicated helpline for non-urgent enquiries so the main phone line could focus more on urgent cases.

- The service was also looking to redesign the redesign of the ASC website to be more user friendly with clear navigation and plain language.
- Feedback and survey tools were used to collect feedback from residents about their service experiences to make improvements accordingly.
- In terms of the transitioning to move into ASC, it was noted that to be eligible, the individual would need to have a high level of needs. The process would involve having conversations between Children's Services and Adult Services. However, the importance of the transition was noted to ensure a smooth pathway and to prepare young people for adulthood, making sure that they had the same life chances as much as possible as any other young person.
- In response to a question regarding frontline support for people with health conditions, the Committee was informed that frontline practitioners would have access to a directory of services to provide additional support for people with conditions like Parkinson's or MSS, by linking up with specialist organisations.
- The Committee noted that the Adult Social Care Survey evidenced that there was an increase in the proportion of people who used services, who found it easy to find information about services. Data showed an increase from 63% the previous year, to 70% this year. This was higher than the London average, which was 65%.
- In terms of support provided for families, Officers advised that the service would have conversations to understand the network around the individual and would offer a carer's assessment to identify their caring role. The Carer Hub is also available where tailor-made support was provided.
- In response to a question, the Committee was advised that there was a number of access points for ASC and this could sometimes be confusing. The service had been working towards streamlining this and was committed to ensuring that service users receive a swift and high-quality response that would help solve their problems at the first point of contact.

The Committee thanked officers for their attendance.

59 SCRUTINY REVIEW CONCLUDING DISCUSSION (ITEM NO. 10)

A collation of the evidence gathered for the scrutiny review into access to GP services and the adult social care front door and the draft recommendations circulated to Members and Officers outside of the meeting for comments.

The committee raised and discussed the following main points:

- Whether a performance framework and identified key performance indicators could be bought to the committee to help monitor performance related to access and outcomes. This should be reported on twice a year.
- Whether a borough wide charter rather than a protocol could be included regarding the recommendation to establish a protocol for access to primary care services.
- Whether reviewing the transition from children to adult services could be included in the recommendations. Information would be provided to the committee outside of the meeting.
- Whether a recommendation regarding being able to see the same GP could be included.
- That respite care may not be directly linked to this review, but feedback could be provided to the committee on the issue, as it had emerged as an issue during their discussions with residents.
- The importance of reviewing the complaints pathway to ensure residents can speak to the council when they face issues. It was also important that

councillors could signpost to the complaints procedure and that the committee could monitor complaints. It was highlighted that complaints were published quarterly and could be shared with the committee outside of the meeting.

RESOLVED:

The final report and recommendations to be agreed at the next meeting.

60 OVERVIEW OF ADDICTION SERVICES (ITEM NO. 11)

Miriam Bullock, Director of Public Health, introduced a report that summarised the population need, the national policy context, the services available, and recent and current delivery plans.

Alcohol and drug use remained an important cause of preventable harm in Islington. As well as affecting health and wellbeing, it had social, housing, economic, crime and community safety impacts affecting individuals, families and communities, and was a cause and consequence of health inequalities. Understanding and reducing the health harms of drug and alcohol use was a longstanding area of focus for Public Health.

Islington commissioned a range of services to meet the needs of people that use drugs or alcohol.

The following was noted during the discussion of this agenda item:

- There were significant overlaps between drug and alcohol needs and several mental health conditions. Drug and alcohol use was associated with homelessness, including rough sleeping, contact with the criminal justice system, and with exploitation. The Committee noted that the Council had received an additional funding of £637k form the GLA to continue to fund the support team which provided intensive floating support to individuals with a history of rough sleeping to live independently.
- Exposure to drug and alcohol used by a parent or carer presented a safeguarding risk to children and adolescents. It was noted that in Islington, 51 per 1,000 children aged 0-17 years lived in households where a parent had drug or alcohol problems. This was higher than across its statistical neighbours.
- Data from 2020/21 evidenced that Islington had the highest prevalence of opiate and/or crack cocaine use (OCU) in London (rate of 21.5 per 1,000 population), and the 5th highest prevalence out of all local authorities in England. However, the Committee noted that this data was slightly outdated and had requested to receive updated data. Officers informed the Committee there was always a delay in producing and collating data and the data provided on the report was the first prevalence estimates received in seven years as it had taken a long time to pull that data together.
- The Committee noted that the data provided in the report were modelled estimates and the data was collected by using a sophisticated technique which required looking at lots of different data sources and combining them together.
- In response to a question regarding drug overdose, Officers advise that to reduce the risk of overdose, the service provided advice on harm reduction and was looking to connect people who were most vulnerable and were at greatest risk of overdose, to as many advise and support services as possible.
- Officers also advised that work had been done to improve awareness across front-facing services. Residents with the greatest need had access to same-day assessment and prescribing.

- In response to a question form the Committee regarding synthetic drugs, Officers advised that guidance were issued nationally around new and emerging risks of drugs including synthetic drugs.
- Officers also highted the importance to improve pathway for people who leave prison with drug and alcohol needs and improving their access to continuing their treatment in the community. This was also a key metric in the national strategy in improving rates of continuity of care between prison and community services.

RESOLVED:

The Committee to note the report.

61 QUARTER 3 PERFORMANCE REPORT - ADULT SOCIAL CARE (ITEM NO. 12)

Victoria Nestor, Deputy Director Adult Social Care, presented the report as set out at pages 115-124 in the agenda pack. The report sets out Quarter 3 2023/24 progress against targets for those performance indicators that fall within the Adult Social Care outcome area, for which the Health and Care Scrutiny Committee had responsibility.

The following was noted during the discussion of this agenda item:

- In terms of the percentage of people with an outcome of no support needed after a reablement was 72% in quarter three.
- There had been an increased in the cohort of people who was seen through reablement. Initially it was aimed at people who had been discharged from hospital, now people from the community and residents.
- In terms of safeguarding performance, officers advised that there had been some challenges with receiving data from Camden & Islington Foundation Trust due to the introduction of an electronic record system that went live. To tackle this issue the service had been exploring ways in how to collate robust data and had created a new dashboard which was currently in its final stages with plans to go live at the end of the financial year. This dashboard would give better assurances of the data being collected as it would be established from RIO directly and reported via PowerBi. directly from the relevant systems.

The Committee thanked officers for the report.

RESOLVED:

The Committee to note the report.

62 EXECUTIVE MEMBER UPDATE (ITEM NO. 13)

RESOLVED:

The Committee agreed to defer this item to the next Committee meeting.

MEETING CLOSED AT 9.50 pm

Chair

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Law and Governance
Town Hall, Upper Street, N1 2UD

Report of: Head of Democratic Services and Governance

Meeting of: Health, Wellbeing & Adult Social Care Scrutiny Committee

Date: 8 July 2024

Ward(s): N/A

Subject: Health, Wellbeing and Adult Social Care Scrutiny Committee – Membership, Terms of Reference and Dates of Meetings

1. Synopsis

1.1. The Committee is asked to note the Committee's terms of reference and other arrangements.

2. Recommendations

2.1. To note the membership, terms of reference and dates of meetings of the Committee for the municipal year 2024-25.

3. Background

3.1. The Health, Wellbeing and Adult Social Care Scrutiny Committee is one of the Council's five scrutiny committees. The purpose of the Council's scrutiny committees is to review the performance of local services, to scrutinise decisions and actions taken on matters within their terms of reference, to contribute to the review and development of council policy, and to make recommendations to enhance and improve service delivery for residents.

3.2. The terms of reference of the Committee are set out at Appendix A.

3.3. The Committee membership for 2024-25 is set out below

Councillor Jilani Chowdhury (Chair)
Councillor Joseph Croft (Vice-Chair)
Councillor Janet Burgess
Councillor Tricia Clarke
Councillor Mick Gilgunn
Councillor Benali Hamdache
Councillor Praful Nargund
Councillor Ollie Steadman

Substitutes:
Councillor Carline Russell
Councillor Claire Zammit

3.4. The dates of meetings for 2024-25 are:

- 8 July 2024
- 16 September 2024
- 15 October 2024
- 11 November 2024
- 17 December 2024
- 4 February 2025
- 20 March 2025
- 29 April 2025

4. Implications

4.1. **Financial Implications**

4.1.1. There are no direct financial implications associated with this report. The costs associated with scrutiny work are met from existing service budgets.

4.2. **Legal Implications**

4.2.1. The Council appoints scrutiny committees to discharge its statutory scrutiny functions under the Local Government Act 2000.

4.3. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

4.3.1. There are no direct environmental implications associated with this report. Scrutiny Committees will consider and review matters relating to environmental

sustainability and related issues as they arise in their work programme.

4.4. **Equalities Impact Assessment**

4.4.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

4.4.2. An Equalities Impact Assessment is not required in relation to this report. Scrutiny Committees will consider and review equalities matters as they arise in their work programme.

5. Conclusion and reasons for recommendations

5.1. The Committee is asked to note its terms of reference and working arrangements.

Appendices:

- Appendix A: Terms of Reference

Background papers:

- None.

Final report clearance:

Approved by:

Head of Democratic Services and Governance

Date: 24 June 2024

Report Author: Bhavya Nair, Senior Democratic Services Officer
Tel: 0207 572 3308
Email: democracy@islington.gov.uk

Appendix A – Terms of Reference

Health, Wellbeing and Adult Social Care Scrutiny Committee

Composition

Members of the Executive may not be members of a scrutiny committee. Members of the Health and Wellbeing Board may not be appointed to this committee.

No member may be involved in scrutinising a decision in which they have been directly involved.

Quorum:

The quorum for the committee shall be four members.

Purpose:

The purpose of the Council's scrutiny committees is to review the performance of local services, to scrutinise decisions and actions taken on matters within their terms of reference, to contribute to the review and development of council policy, and to make recommendations to enhance and improve service delivery for residents.

The council's scrutiny committees will act as a 'critical friend', offering constructive challenge to ensure that local services are delivered effectively and efficiently, making the best use of resources.

In carrying out their work, the committees will have regard to the council's missions, priorities, and ways of working. Scrutiny Committees will consider the needs and priorities of local people, make use of evidence to inform their findings, examine opportunities for embedding best practice in council services, and will seek to promote equalities, joined up working, and early intervention and prevention approaches.

Terms of Reference:

a) To carry out the functions of an overview and scrutiny committee, as defined by the Local Government Act 2000, in respect of the following functions and services:

   Healthy and independent lives, Public Health, Integrating Health and Care, Adult Mental Health, Adult Social Care, Adult Safeguarding, Assistive Technology.

b) To review and scrutinise the performance of those services, and actions and decisions taken in connection with the discharge of those functions;

c) To consider the performance of the Council's partner organisations in respect of those services and functions;

d) To review the planning, provision and operation of health and care services in Islington area, invite reports from local health and care providers and request them to address the committee about their activities and performance;

e) To respond to consultations by relevant NHS bodies and relevant health service providers on substantial reconfiguration proposals;

f) To approve an annual work plan focused on a strategic programme of policy development and performance review;

g) To undertake one scrutiny review each year, on a matter of importance to the borough's residents and to report its conclusions and recommendations to the council's Executive;

h) To make reports and/or recommendations to a relevant NHS body or a relevant health service provider;

i) To receive an annual report from the relevant Executive Members on their priorities for the coming year and performance over the previous year;

j) To receive requests from the Executive or the Leader of the Council to participate in policy development and review, including consideration of forthcoming decisions, and to respond to the Executive accordingly.

k) To make reports and/or recommendations to the Council and/or the Executive on matters which affect the health and wellbeing of inhabitants of the area.

l) To consider all matters that have been referred to it in accordance with the Councillor Right to Refer procedure contained within the Scrutiny Procedure Rules.

m) To consider any referrals made by Islington Healthwatch, as required;

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Public Health
222 Upper Street

Report of: Director of Public Health

Meeting of: Health, Wellbeing and Adult Social Care Scrutiny Committee

Date: July 2024

Ward(s): All

Public Health Performance Q3, 2023/24

1. Synopsis

1.1 The council has in place a suite of corporate performance indicators to help monitor progress in delivering the outcomes set out in the council's Corporate Plan. Progress on key performance measures is reported through the council's Scrutiny Committees on a quarterly basis to ensure accountability to residents and to enable challenge where necessary.

1.2 This report sets out the quarter 3, 2023-2024 (reported one quarter in arrears due to data lags), progress against targets for those performance indicators that fall within the Health and Social Care outcome area, and for which the Health, Wellbeing and Adult Social Care Scrutiny Committee has responsibility.

2. Recommendations

2.1 To note performance against targets in quarter 3, 2023/24 for measures relating to Health and Independence.

3. Background

3.1 A suite of corporate performance indicators has been agreed which help track progress in delivering the Council's strategic priorities. Targets are set on an annual basis and performance is monitored internally, through Departmental Management Teams, Corporate Management Board, Joint Board and externally through the Scrutiny Committees.

3.2 The Health, Wellbeing and Adult Social Care Scrutiny Committee is responsible for monitoring and challenging performance for the following key outcome area: Public Health.

3.3 Scrutiny Committees can suggest a deep dive against one objective under the related corporate outcome. This can enable a comprehensive oversight of the suggested objective, using triangulation of data such as complaints, risk reports, resident surveys, and financial data and where able to, hearing from partners, staff, and residents, getting out into the community and visiting services, to better understand the challenges in order to provide more solid recommendations.

Public Health Performance Q3, 2023/24

4. Key Performance Indicators Relating to Public Health – Table 1.

Public Health Priority	PI Ref	Key Performance Indicator	Annual Target 2023/24	Actual 2022/23	Q1 2023/24	Q2 2023/24	Q3 2023/24	On target?	Q3 Last year?	Better than Q3 last year?
Immunisation	**PHI1**	**Immunisation Population Coverage:**	**Improvement to 22/23**							
	PHI1 a)	DTaP/IPV/Hib3 at age 12 months.	- Improvement on 89%	89%	87%	86%	87%	Near target	89%	Similar.
	PHI1 b)	MMR2 - 1st and 2nd dose (Age 5)	- Improvement on 70%	70%	68%	Data not available.	Data not available for Q3	N/A	70%	N/A as no data available for this quarter.
CYP	**PHI2**	**% Uptake of the NHS Healthy Start Scheme**	Improvement to 64% baseline.	N/A New Corporate KPI	66% uptake (1,716 of 2,590 eligible).	69%	TBC	TBC pending confirmation of data errors being resolved.	N/A New Corporate KPI	N/A New Corporate KPI.
Smoking	**PHI3**	**% of people quitting successfully who use the stop smoking service**	55%	62%	56%	59%	65%	Yes	57%	Yes - higher.
Health Checks	**PHI4**	**% of eligible population (40-74) who have received an NHS Health Check.**	10%	12.1%	3.7%	4.5%	4.1%	Yes	2.7%	Yes – higher.
Substance Misuse	**PHI5**	**Number of adults accessing treatment in a 12-month rolling period – by Q4 2023/24**							N/A New Corporate KPI.	N/A New Corporate KPI.
	5a	Alcohol	389		370	407	413			
	5b	Alcohol and non-opiate	222		203	226	211			
	5c	Non-opiate	128		116	126	190			
	5d	Opiate	1033		866	899	926			
		Total	**1772**		**1555**	**1658**	**1740**	**Yes**		
Substance Misuse	**PHI6**	**No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling) – by Q4 2023/24**							N/A New Corporate KPI.	N/A New Corporate KPI.
	6a	Alcohol	150		140	146	145			
	6b	Alcohol and non-opiate	81		61	47	56			
	6c	Non-opiate	54		40	35	43			
	6d	Opiate	55		43	49	41			
		Total	**340**		**284**	**277**	**285**	**No**		
Sexual Health	**PHI7**	**Number of Long-Acting Reversible Contraception (LARC) prescriptions in**	1200 based on 22/23 baseline for		296	339 (635 cumul	358 (993 to date -	Yes	423	No – lower.

		local integrated sexual health services.	integrated care.			ative, to date).	cumulative)			

5. Quarter 3 Performance Update – Public Health

5.1 Immunisation population coverage

5.1.1 This measure considers population coverage of two key routine childhood vaccinations:

- PHI1a - The 6-in-1 vaccine (DTaP/IPV/Hib3, vaccinating against diphtheria, hepatitis B, Haemophilus influenzae type b (Hib), polio, tetanus and whooping cough) is given in three doses at ages two, three and four months. The indicator is the percentage of children aged 12 months who have had the complete set of three vaccinations.

- PHI1b - The MMR vaccine (measles, mumps and rubella) is given in two doses, at age twelve months and at age three years and four months. The indicator reported is the percentage of children aged five who have had both doses of MMR.

5.1.2 The data provided is from the local HealtheIntent childhood immunisation dashboard. This may differ from nationally reported data due to data quality and upload requirements of the national system but is considered the more accurate and most timely measure.

5.1.3 Primary care practices are required to upload vaccination information to inform the national programme of COVER data (Cover Of Vaccination Evaluated Rapidly), which provides open-access, population-level coverage of childhood vaccinations across the country.

5.1.4 While HealtheIntent is considered as the more accurate local data source, COVER data allows benchmarking against other areas.

5.2 PHI1a - DTaP/IPV/Hib3 at age 12 months.

5.2.1 In quarter 3 (Q3), 87% of children aged one year old had received a complete course of the 6-in-1 DTaP/IPV/Hib/HepB vaccine. Coverage in this period was slightly higher than the previous quarter (Q2, 2023-24) at 86% and slightly lower than this time last year (Q3, 2022-23) at 89%.

5.2.2 The data is for children aged one year (i.e. any age between 12 and 24 months) in December 2023 (i.e. born between January 2022 and December 2022). This cohort of children were due their first vaccinations between March 2022 and February 2023. This cohort of children may still have been affected by missed or delayed vaccinations due to fear of accessing healthcare following the pandemic. Children who miss scheduled vaccinations can catch up at any age.

5.2.3 The rates of coverage reported through COVER for quarter 3 - for all three doses, was at 87% in Islington, 86% in London and 91% in England. This highlights vaccination rates have levelled this quarter and are in line with average London rates.

5.3 PHI1b - MMR2 - 1st and 2nd dose (Age 5).

5.3.1 This indicator is for children aged five in December 2023. These children were due their first dose vaccination (at age two) between January 2020 and December 2020, and their second dose (at age three years, four months), between May 2022 and April 2023.

5.3.2 MMR vaccination data is unavailable from the NHS's HealtheIntent system this quarter, due to data quality issues (identified during the previous quarter). The reasons for this discrepancy are being investigated by primary care officers from the Integrated Care Board (ICB), in order to remedy the problem. It is suspected that there may be errors when uploading vaccination codes from EMIS (GP patient data systems) to Healtheintent (the population health platform). The ICB are working with primary care practices to try and identify and resolve the issue for the next quarter.

5.3.3 The rates of coverage reported through COVER however is available and performance for both doses of the MMR vaccination at age five years were 63% in Islington, 74% in London and 84% in England for quarter 3. The COVER report figures are likely to be underestimates of the actual vaccination levels for the same reasons as described for DTaP.

5.4 Population vaccination coverage (PHI1a and PHI1b) - key successes and challenges

5.4.1 Primary vaccinations are important in providing long-term protection to children against several diseases, which can cause serious illness. Individual unvaccinated children are at risk from these diseases. When population levels of vaccination are low, the risk of outbreaks of these infections are higher since they can spread more easily through the unvaccinated population.

5.4.2 Measles is a particularly infectious disease and can be a serious infection leading to serious complications, especially in young children and those with weakened immune systems. Measles spreads very easily between unvaccinated people, but two doses of the MMR vaccine confers very high level and lifelong protection.

5.4.3 The second phase of the national catch-up programme continued throughout Q3, focussing on delivery of the polio vaccine (part of the 6-in-1) and MMR to children aged one to eleven years of age. Catch-up for children under age five was through the normal route i.e. their GP practice. Public health officers were able to amplify national messaging through early years communication channels such as

Bright Start, Bright Ideas (newsletter to parents), via under-five (years) settings such as children's centres and nurseries and community partners.

5.4.4 During Q3, there was also an outbreak of measles in parts of North West London. Messaging was targeted at families of under five-year-olds via the Bright Start, Bright Ideas newsletter, with health visitors reinforcing the messaging, and checking for vaccination status at every routine health review. MMR information leaflets were provided to community events, and there was close co-ordination with the new Childhood Immunisation Project Outreach Worker, who had started working with HealthWatch in the same quarter.

5.4.5 A 'community conversation' around child health and immunisations took place with community leaders in October and public health attended the Early Years forum in November to ensure settings are aware of the risk of measles and were able to pass on messages to parents about the safety and importance of vaccines.

5.4.6 The ICB has also been working with the GP federation to provide targeted telephone recall to children identified as unvaccinated.

5.4.7 Key challenges faced this quarter include:

- Data issues have prevented accurate analysis of the MMR2 uptake from Q2, to this quarter (3). This is being reviewed by the NHS who are responsible for the HealtheIntent system.

- This may be linked to codes for MMR2 not being uploaded from GP practice systems into the North Central London (NCL) Integrated Care Board's HealtheIntent system, which is used to calculate the vaccination coverage. This issue is currently under investigation and does not seem to be affecting other vaccinations.

5.4.8 The focus for the next quarter:

- The national focus on MMR catch-up will continue into Q4. This will be matched by local resource to raise awareness and provide information, as well as continued attendance at community events to raise awareness, provide information and encourage vaccination for those that are not fully protected.
- All possible touch points with parents will be used to check vaccination status and to remind parents of the importance of vaccines, sources of trusted information, and the availability of catch-up at any age. This will include health visitor contacts, newsletters to parents and at childcare settings.

6. Children and Young People

6.1 PHI2 - Uptake of the NHS Healthy Start Scheme.

6.1.1 The NHS Healthy Start is a national scheme which financially supports families on a low income to buy fruit, vegetables, pulses, milk, and infant formula. To qualify for the scheme, beneficiaries must be at least ten weeks pregnant, or have at least one child under the age of four years. They also must be receiving income support.

6.1.2 Eligible families receive a prepaid Healthy Start card that can be used in shops to buy milk, fruit, and vegetables only. Once registered, the card is topped up monthly with:

- £4.25 each week of pregnancy from the tenth week
- £8.50 each week for children from birth to one year old
- £4.25 each week for children between one and four years old.

6.1.3 This is a highly targeted programme that benefits those with the lowest incomes. Most of the eligible population lives in highly deprived areas. The data reported is usually % uptake by eligible beneficiaries.

6.1.4 Key challenges faced this quarter:
There have been significant data quality issues which have affected the reported uptake for Q2 to present for the year 2023/24. This is due to an issue with a data feed at the Department for Work and Pensions (DWP), where the number of eligible beneficiaries reported between July 2023 and Feb 2024 was incorrect. In turn, this means the calculated uptake percentage has been overstated. The eligible data and uptake percentage have been removed from the national portal for those months, since the historical data could not be matched. This is a reporting issue and does not impact NHS Healthy Start individual applicants, existing beneficiaries, new beneficiaries or claim payments.

6.1.5 The lack of percentage uptake data means it is not possible to benchmark our local uptake against statistical neighbours or national uptake. The DWP are not able to provide historical data, meaning there will be a gap in the availability of the uptake percentage from July 2023 to February 2024. This should be corrected by March onwards but may affect how we report on this indicator in the future (possible change from % to actual numbers as below).

6.1.6 The data provided for the number of people enrolled in the Healthy Start Scheme is correct, and the only accurate information that can be reported for Q3. This shows an increase of 51 in the number of people enrolled on the scheme compared to Q2, and an increase of just over 100 since the first quarter. Despite the data quality issues, there has been a steady increase in the number of residents accessing this benefit over the course of the year to date:

- Q1 – 1705
- Q2 – 1757
- Q3 – 1808

NB: It is worth noting that the number of eligible residents may vary slightly each quarter, but based on the previous data, there has not been a significant change in eligibility.

6.1.7 The multi-disciplinary working group has worked collectively to raise awareness of Healthy Start among residents and frontline health and early years staff who have key touchpoints with families. The multi-disciplinary working group meets regularly and is well-attended by key stakeholders. All members have the will and commitment to improve uptake.

6.1.8 The Healthy Start scheme can be a significant source of income for low-income families. For example, a family with three children under age five could receive £17 per week. It ensures that the additional income is used to buy fruit and vegetables (and milk), with all the immediate health benefits and longer-term eating habits it brings to adults and children.

6.1.9 The focus for the next quarter: A review is planned for the Healthy Start programme health promotion efforts and how impact will be monitored and measured longer term.

7. Healthy Behaviours

7.1 PHI3 - Percentage of smokers using stop smoking services who stop smoking (measured at four weeks after quit date).

7.1.1 The community stop smoking service 'Breathe' offers behavioural support and provides stop smoking aids to people who live, work, study or who are registered with a GP in Islington. The three-tiered service model ensures that smokers receive the support that is appropriate for their needs. Breathe also trains, supports, and monitors a network of community pharmacies and GP practices to deliver stop smoking interventions under the Locally Commissioned Service provision (LCS).

7.1.2 The indicator for service delivery is the proportion of service users successfully quitting at the four-week outcome point, with a target of 55% (referred to as four-week quit rate or success rate).

7.1.3 The new Breathe stop smoking service provider, Central and North West London NHS Foundation Trust, began delivery on 1st April 2023 and continued to mobilise during Q3.

7.1.4 In quarter 3, 299 smokers set a quit date. The success rate is above target across the service at 64.5%. This is a significant improvement over Q2 performance (59%) and when compared to the same period last year (57%).

7.1.5 NHS Digital reports on the cumulative stop smoking data for quarters one to three in London and England. In the same period, the Islington service performed better (60%) than the average quit rate in London (53%) and England (54%).

7.1.6 77% of all four-week quits in Q3 were achieved by the community service (Breathe) with an excellent quit rate of 72%. A third (35%) of Breathe service users received intensive personalised tier 3 support, which is intended for people with the highest level of need for support during a quit attempt. Activity levels across GPs and pharmacies remained relatively low, although there was improvement in overall success rates in these settings compared with the previous quarter: an average 45% from GPs and 54% in from community pharmacies. Lower activity levels can be attributed to ongoing challenges in recruitment and retaining of staff to deliver stop smoking work, competing work pressures which add to the difficulties in engaging smokers in the service in these settings, among other factors.

7.1.7 The community service is well placed to reach smokers from target populations and has worked closely with secondary care trusts to support the implementation of the NHS Long Term Plan's goal of offering tobacco dependency treatment to all smokers who are admitted to hospital as part of their care. Almost half (48%) of all service users seen by the community service in Q3 were referred by secondary care after having started a quit attempt in hospital, and 71% successfully quit smoking.

7.1.8 Smokefree pregnancy continued to be a strong focus for the service which delivered excellent results in Q3. This work is embedded within an NCL programme which drives improvements in how maternity services record smoking and support pregnant smokers to quit. 26 pregnant women accessed the service in Q3. An exceptional four-week quit rate of 84.6% was achieved and 86% of quits were verified with carbon monoxide (CO) breath testing.

7.1.9 It is worth noting that the Islington quit rate for pregnant women in quarters 1 to 3 was significantly higher (84%) than the London (59%) or England (50%) averages and was the highest in London, jointly with Newham. Islington also had the highest number of pregnant women quitting smoking (78) among London boroughs and 73% of quitters were CO validated.

7.2 Service user feedback/testimonials/impact on inequalities /health inequalities.

7.2.1 An example of testimonials received this quarter:

"I would like to say a big, big thank you for all your encouragement and support. You have been a God send with helping quit smoking. For the last 3 months I have taken all of your advice on board with fantastic support. Hopefully, we can encourage others to follow with your expert advice. It has not been easy, however with your help I feel more confident each day that goes by. If I do need any help, you will be my first source of contact." Service user from Islington.

7.2.2 The service successfully reached groups that have health inequalities due to higher smoking rates. Three quarters (76.5%) of these successful quits in Q3 were amongst residents who are sick, disabled, unable to work, long-term unemployed, unpaid carers and routine and manual workers. 91 people who work in 'routine and manual' occupations accessed the service and 64 quit successfully in Q3 (70% success rate).

7.2.3 Racially minoritised groups with high smoking prevalence successfully reached by the service have included Bangladeshi men, Irish, Other White, Black Caribbean, and Black African residents. In total, 178 people from racially minoritised groups successfully quit in Q3 (with a quit rate of 59.5%) compared to 151 in Q2.The Breathe service provide translators through Language Line, in order to ensure that residents receive an accessible service with the necessary assistance and resources.

7.2.4 In addition, out of 36 service users who had disclosed a history of mental health problems (either current or past), 20 have quit (56% success rate). Out of 30 service users with a COPD (Chronic Obstructive Pulmonary Disease) diagnosis, 16 have quit (53% success rate).

7.2.5 Key issues faced this quarter: Despite the increased offers of face-to-face support, service users continue to prefer the model of telephone and other remote support instigated during the pandemic. However, this does not allow the service to verify the quit outcome with carbon monoxide (CO) testing. 23% of all successful quits were CO-verified in Q3, a small increase from Q2 (19%). This is an ongoing issue for stop smoking services and reflective of national trends whereby 19% of successful quits were CO verified in England in Q1 and Q2.

7.2.6 The focus for the next quarter:

- The service is keen to understand and resolve barriers that contribute to their clients opting for remote or telephone support over face-to-face appointments. They are looking to conduct a thorough review to identify specific issues and incentives to encourage face to face attendance. This work will be completed by the end of Q4.

- Breathe stop smoking service has been working successfully with some of their key target populations, such as racially minoritised ethnic groups, routine and manual workers and smokers with a mental health or COPD diagnoses. However, their reach into some communities, such as LGBTQ+, could be improved through partnership work with local voluntary and community organisations. Breathe is exploring options to deliver the service from local VCS (Voluntary Community Sector) venues, to improve their reach into communities – this should be in place in Q4.

7.3 PHI4 Percentage of eligible population (aged 40-74) who have received an NHS Health Check.

7.3.1 NHS Health Checks is a national prevention programme, which assesses the top seven risk factors associated with non-communicable disease and where appropriate, provides individuals with support and treatment.

7.3.2 The programme aims to improve the health and wellbeing of adults aged 40-74 who do not have a diagnosed long-term condition, and who may benefit from advice and the promotion of early awareness, assessment, and where needed, treatment and management of risk factors for cardiovascular disease (CVD).

7.3.3 In Islington, NHS Health Checks are provided by the GP Locally Commissioned Service (LCS).

7.3.4 In quarter 3, 4.1% (2,137 individuals) of the eligible population received an NHS Health Check which is in line with the previous quarter. Additionally, the annual target has already been met. When compared to this time last year, the current delivery is 1.4% higher (with 673 additional health checks delivered) than Q3 last year (2.7%).

7.3.5 This quarter, the percentage of the eligible population completing an NHS Health Check in Islington surpassed both the London average (2.8%) and the England average (2.1%).

7.4 Impact on health inequalities.

7.4.1 To address inequalities, the service commissioners (Public Health) ensured that providers prioritised the offer of health checks to residents on the mental health and the learning disability registers, and residents with a predicted very high risk of developing cardiovascular diseases (CVD). As a result, for this quarter, 59 residents on the learning disability and mental health registers have received a health check and 71 health checks were completed by residents with a very high risk of CVD.

7.4.2 Key issues faced this quarter include a data quality issue identified in the returns from the ICB, which significantly under-reported the number of invitations for health checks being sent by practices (one of the key performance indicators).

7.4.3 The focus for the next quarter:

- The focus for the next quarter: Public Health Officers will work closely with ICB colleagues to identify the source of the data quality issue to resolve the issue.

7.5 Substance Misuse

7.5.1 Islington's integrated drug and alcohol treatment service, Better Lives operates from three locations in the borough, supporting people that use drugs, as well as their families and carers.

7.5.2 The service offers multiple support interventions including: one to one key-working, group work and day programmes, self-help, and mutual aid groups; pharmacological treatments including opioid substitution therapy (OST) and alcohol relapse prevention medication; access to residential rehabilitation and inpatient detoxification; physical health support, including bloodborne virus testing and treatment.

7.5.3 As well as the above, services delivered by Via include outreach support for people sleeping rough, or at risk of sleeping rough. In operation since 2021, the service provides psycho-social support and prescribing outreach to people sleeping rough, or at risk of sleeping rough in Islington. Services by INROADS provide one-to-one key-working, connecting people to health services, provides harm-reduction support including Naloxone, which can save lives by reversing the effects of an overdose, as well as referrals into a range of other support services.

7.5.4 Islington Public Health also commission a service called SWIM (Support When It Matters), which provides culturally competent, holistic support to men of Black African or Black Caribbean background, who are in contact with the criminal justice system and who have non-opiate substance use needs. This is a group who are over-represented in the criminal justice system but under-represented in treatment, and this offer is important to help address this inequality. As well as offering a tailored group programme, SWIM ensures that those that require structured treatment are actively supported to access the Better Lives service. The service which mobilised through the summer and autumn was making good progress on building links and recruiting into their programme during the quarter.

7.5.5 All services collaborate closely with criminal justice partners to ensure effective pathways into treatment from prison, probation and police, which includes co-locating of services and in-reach support.

7.6 PHI5 Number of adults accessing treatment in a 12-month rolling period.

7.6.1 There has been an increase in the numbers in treatment across most substance groups from Q2 23/24 as highlighted in Table 2. Performance is encouraging and indicates that the service is on track to meet its target numbers by the end of Q4. The targets for alcohol and non-opiates have already been exceeded.

7.6.2 During Q3, there has been progress in the number of opiate and non-opiate cohorts in treatment. Opiate numbers will continue to be a strong service focus in the final quarter.

Table 2 - Number of adults accessing treatment in a 12-month rolling period to Q3 2023/24.

Number of adults accessing treatment in a 12-month rolling period -	Target	Q2	Q3	Performance compared with last quarter (Q2 to Q3)
Alcohol	389	407	413	+Increase of 6
Alcohol and non-opiate	222	226	211	- Decrease of 15
Non-opiate	128	126	190	+Increase of 64
Opiate	1033	899	926	+Increase of 27
Total	**1772**	**1658**	**1740**	**+Increase of 82**

7.6.3 The service continues efforts to increase the numbers of people accessing drug or alcohol treatment, and new initiatives funded by the Supplementary Substance Misuse and Treatment Grant (SSMTRG) are supporting this. The service is reducing barriers to accessing treatment and improving in-reach/ outreach for pathways such as hostels, supported accommodation, police custody, probation and prison release, to increase the likelihood of people feeling able to engage with support and treatment via these referral routes.

7.6.4 Improved accessibility and referral pathways will support more residents to engage with support around drug or alcohol use and reduce the harm caused by this. Proactive engagement will also increase the likelihood of people maintaining contact with services. Increasing street outreach work in 'hotspot' areas supports the wider community in those locations.

7.6.5 More people engaged with support for their drug or alcohol use will help to reduce drug and alcohol related harm, as well as improving treatment outcomes and responding better to people and families who require support. Outreach work aims to support those experiencing the greatest inequalities, such as people sleeping rough or living in supported accommodation. The treatment service has tailored programmes and / or workers specialising in working with women, families, and LGBTQ+ groups.

7.6.6 The numbers in treatment are increasing which is an optimistic sign that service improvements and the creation of new roles are having an impact on the number of residents with drug and alcohol needs who are receiving treatment and support. Recruitment to new roles funded by SSMTRG and the implementation of new initiatives will enhance pathways into treatment.

7.6.7 Public Health Officers with the service are working through service development plans and actions to ensure we meet nationally set targets around the number of people accessing treatment in Islington. This includes:

- Improving referral pathways
- Enhanced outreach
- Review of local data capture and introduction of new reporting measures
- Service awareness and promotion plan
- Collaborative working with key stakeholders

7.7 PHI6 Number of people successfully completing drug and/or alcohol treatment of all those in treatment (12 month rolling).

7.7.1 In quarter 3, there was a small overall increase in the number of successful completions compared with Q2 23/24, with an increase in the number of successful outcomes in the non-opiate and alcohol and non-opiate cohorts, and a decrease in alcohol and opiate groups. Taking the year to date as a whole, numbers of people with successful completions has remained steady.

Table 3 Number of people successfully completing drug and/or alcohol treatment in the last 12 months:

No. of people successfully completing drug and/or alcohol treatment of all those in treatment (12 months rolling)	Target	Q2	Q3	Performance compared with last quarter (Q2 to Q3)
Alcohol	150	146	145	-Decrease by 1
Alcohol and non-opiate	81	47	56	+Increase by 9
Non-opiate	54	35	43	+increase by 8
Opiate	55	49	41	-Decrease by 8
Total	**340**	**277**	**285**	**+Increase by 8**

7.7.2 The service has implemented a caseload segmentation approach which is supporting with targeting interventions and level of support based on the assessment of risk. The introduction of a dedicated 'non-opiate worker' seems to be supporting successful outcomes for this cohort as planned, and the alcohol and non-opiate cohorts are also showing an increase in successful treatment completions.

7.7.3 Further work is planned to ensure that opiate and alcohol cohort completion targets are met. Additional initiatives brought in by the Supplementary Substance Misuse Treatment and Recovery Grant (SSMTRG) should support improvements, including through a new structured day programme and improved access to long-acting Buprenorphine pharmacotherapy.

7.7.4 The service has demonstrated success in its non-opiate and alcohol and non-opiate cohort's pathways and increases in the number of successful completions for these categories.

7.7.5 People with problematic drug and alcohol use have often experienced significant health and other inequalities in their lives, and drug and alcohol use are in themselves sources of health inequalities and poorer health outcomes and risks. More people successful completing treatment for their drug or alcohol use will help to reduce drug and alcohol related harm and broader inequalities, as well as improving treatment outcomes and responding better to people and families who require support.

7.7.6 Key challenges this quarter: With the additional grant funding, there is a focus on recruiting to new roles and staffing which are needed to ensure the service

capacity to maintain and build the quality of interventions is maintained together with the increasing numbers of people receiving treatment and recovery support.

7.7.7 The focus for the next quarter:

- A focus on opiates and alcohol successful outcomes in Q4.
- Evaluation of the impact of caseload segmentation on treatment outcomes – reviewing for improvement.
- Benchmarking against regional and national performance

8. Sexual Health Services

8.1 PHI7 Number of Long-Acting Reversible Contraception (LARC) prescriptions in local integrated sexual health services.

8.1.1 Long-Acting Reversible Contraception (LARC) is safe and highly effective in preventing unintended pregnancies. Unlike other forms of birth control, it is a non-user dependent method of contraception. Increasing the uptake and on-going use of LARC as part of contraceptive choice is very effective in reducing the risk of unintended pregnancies.

8.1.2 LARC is delivered through the Integrated Sexual Health (ISH) service provided by CNWL (Central North West London NHS Foundation Trust) and is a mandated open access service providing advice, prevention, promotion, contraception and testing and treatment for issues related to sexually transmitted infections, sexual and reproductive health care.

8.1.3 Additional access to LARC is also offered through primary care and abortion service providers.

8.1.4 In quarter 3, 358 women from Islington had a LARC device fitted by the Integrated Sexual Health service. This is above the quarterly target (300) and is on track to meet the annual target (1,200).

8.1.5 In Q3, activity is slightly higher than in Q2, when 339 women had LARC fitted. However, activity is lower when compared to the same period last year (Q3, 2022/23), when 423 women had LARC fitted as part of 'catch-up' activity as the service recovered from the impacts on access during the Covid and Mpox periods.

8.1.6 The annual national data for LARC has recently been published. In 2022, Islington had the third highest rate of LARC per 1,000 women fitted in sexual health services (31 women per 1,000 aged 15 – 44). The rate was significantly higher than in London (23 per 1,000) and England (18 per 1,000). Following a significant reduction in activity during Covid -19 and the subsequent MPox outbreak in summer 2022, the service has sustained LARC activity at or above pre-pandemic levels throughout 2023/24. This is important because primary care in Islington, and across

most of London, contributes a relatively low proportion of overall LARC fittings compared with general practice in the rest of the country.

8.1.7 The service delivers extensive health promotion outreach to groups at risk of poorer sexual health outcomes, including men who have sex with men, sex workers, Black African communities and people who are homeless. They work in close partnership with community organisations working within these communities and attending a range of venues and locations to deliver outreach.

8.1.8 In Q3, CNWL conducted a patient survey which showed 97% of service users at the Archway site (the main ISH site in Islington) rated the service they received as good to excellent.

8.1.9 The focus for the next quarter and over the coming year will be on maintaining and improving access to LARC across different settings, including working with primary care partners. We are also preparing to recommission integrated sexual health services.

9. Implications

9.1 Financial implications:

There are no financial implications arising as a direct result of this report.

Any plans or strategies derived or agreed in relation to this report should use existing available resources and therefore not create a budget pressure for the Council.

9.2 Legal Implications:

There are no legal implications arising from this report.

9.3 Environmental Implications and contribution to achieving a net zero carbon Islington by 2030:

There is no environmental impact arising from monitoring performance.

9.4 Resident Impact Assessment:

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010).

The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

10. Conclusion

The Council's Corporate Plan sets out a clear set of priorities, underpinned by a set of firm commitments and actions that we will take over the next four years to work towards our vision of a more equal Islington. The corporate performance indicators are one of a number of tools that enable us to ensure that we are making progress in delivering key priorities whilst maintaining good quality services.

Signed by:	Jonathan O' Sullivan Director of Public Health	May 2024
	Cllr Flora Williamson Executive Member	Date: June 2024
Report Author:	Jasmin Suraya - Islington Public Health	
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Health, Wellbeing and Adult Social Care Scrutiny Committee

WORK PROGRAMME 2024/25 – WORKING DRAFT

Meeting date: 8 July 2024

1. Membership, Terms of Reference and Dates of Meetings
2. Quarter 3 Performance Report – Public Health
3. Health and Care Scrutiny Committee Review 2023-24: Access to Health and Care Services – Final Report and Recommendations
4. Scrutiny Review – selection of topic
5. Work Programme 2024/25

Meeting date: 16 September 2024

1. Scrutiny Review – Approval of Scrutiny Initiation Document & Initial Presentation
2. Healthwatch Annual Report and Work Programme
3. Quarter 4 Performance Report - Adult Social Care
4. Work Programme 2024/25

Meeting date: 15 October 2024

1. Scrutiny Review – Witness Evidence
2. Camden and Islington Mental Health Trust Annual Performance Update
3. Quarter 4 Performance Report – Public Health
4. Work Programme 2024/25

Meeting date: 11 November 2024

1. Scrutiny Review – Witness Evidence
2. London Ambulance Service Annual Performance Update
3. Quarter 1 Performance Report – Adult Social Care
4. Work Programme 2024/25

Meeting date: 17 December 2023

1. Scrutiny Review – Witness Evidence
2. Islington Safeguarding Adults Board - Annual Report
3. Quarter 1 Performance Report – Public Health
4. Work Programme 2024/25

Meeting date: 04 February 2024

1. Scrutiny Review - witness evidence
2. Whittington Hospital Performance update
3. Quarter 2 Performance Report – Adult Social Care
4. Executive Member for Health and Care - Annual Report
5. Work Programme 2024/25

Meeting date: 20 March 2025

1. Quarter 2 Performance Report – Public Health
2. Scrutiny Review – Draft Recommendations
3. UCLH Annual Performance Update
4. Work Programme 2024/25

Meeting date: 29 April 2025

1. Quarter 3 Performance Report – Adult Social Care
2. Moorfields Eye Hospital Annual Performance Update
3. Scrutiny Review – Approval of Final Report
4. Work Programme 2024/25